



# Goals for Cardiac and Pulmonary Rehabilitation

Setting goals for your time in cardiac and pulmonary rehab is one way to create your own road map to wellness. As an AACVPR Certified facility, our primary goals for your time with us are to improve physical function and enhance quality of life.

**Some specific goals include:**

- Increase 6 Minute Walk Test Distance from initial session
- Improve exercise capacity by 40% from initial session
- Smoking Cessation
- Improved blood pressure management
- Decreased shortness of breath at rest and with exertion
- Improved scores on initial surveys

Personal goals help us design your program and help you focus your efforts while you're here.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Return to work/previous level of activity</b></li> <li><input type="checkbox"/> <b>Change eating habits</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Heart healthy</li> <li><input type="checkbox"/> Diabetes friendly</li> </ul> </li> <li><input type="checkbox"/> <b>Increase water intake</b></li> <li><input type="checkbox"/> <b>Learn more about my specific condition</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coronary Artery Disease</li> <li><input type="checkbox"/> COPD</li> <li><input type="checkbox"/> Interstitial Fibrosis</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> _____</li> <li>_____</li> <li>_____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Lose weight</b></li> <li><input type="checkbox"/> <b>Gain weight</b></li> <li><input type="checkbox"/> <b>Decrease stress levels</b></li> <li><input type="checkbox"/> <b>Be more active with;</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family/friends/social outings</li> <li><input type="checkbox"/> Hobbies.</li> <li><input type="checkbox"/> Housework</li> <li><input type="checkbox"/> Yard work</li> </ul> </li> <li><input type="checkbox"/> <b>Decrease the need for:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen</li> <li><input type="checkbox"/> Walking assistance devices (cane/walker)</li> <li><input type="checkbox"/> Medications</li> </ul> </li> </ul> |
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**Please use this space to list any other goals you have for yourself.**

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# Information, rules and responsibilities

- Please arrive to your scheduled class on time and attend regularly.
- If you need to miss a session, please call 240-434-7143. If we do not answer, please leave a voicemail with your name and class time. We check voicemail several times each day.
- Do not miss three (3) consecutive sessions for any reason without notice.
  - Failure to communicate absences can result in discharge from the program.
  - Absences over an extended period of time due to planned or unplanned circumstances can result in placement into a "holding pattern." Returning to the program will be allowed based on availability, and your original time slot is not guaranteed.
- Wear comfortable clothing and closed toe shoes when you come in to exercise.
- Please do not wear perfume, cologne, body spray, or strongly-scented lotions.
- **Do not smoke prior to attending rehab.**
- Illicit drug use or intoxication of any kind will NOT be tolerated while attending cardiopulmonary rehab.
  - If staff has reason to suspect substance abuse, you will be asked to leave.
- Take your prescription medication as directed, and notify staff of all medication changes.
- Please eat something before your scheduled session, and limit caffeine prior to exercise.
- Towels and water are available to you during exercise.
- Please be aware your auditory privacy cannot be guaranteed; if you have concerns, please speak with the staff.
- In the event of inclement weather (snow, hurricane, etc.), use your best judgment about attending your session. Call the center for updated information about our open/closed status during these times.
- To serve you best, please provide up to date information about insurance and current health status. Report all unusual signs and symptoms or changes to staff.

**I understand and acknowledge that I may be denied participation in the program if I fail to adhere to these expectations.**

**Patient signature:** \_\_\_\_\_

**Staff signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Consent to exercise

I desire to engage voluntarily in the **Pulmonary Cardiac Rehab and Fitness exercise program** in order to improve my cardiopulmonary function.

This program has been prescribed to me by my physician,

Dr. \_\_\_\_\_ .

Before I enter this exercise program, I will have a clinical evaluation.

This evaluation will include a **medical history and physical examination**.

The purpose of this evaluation is to attempt to detect any condition which would indicate that I should not engage in this exercise program.

I understand that activities are designed to place a gradually increasing work load on the circulation and to thereby attempt to improve its function. The reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes occurring during or following the exercise. These changes include abnormalities of blood pressure or heart rate, or ineffective "heart function," and possibly, in some instances, "heart attacks" or "cardiac arrest."

I realize it is necessary for me to promptly report to the staff any signs or symptoms indicating any abnormality distress.

I consent to the administration of immediate resuscitation measures deemed necessary by the staff.

I have read the foregoing and I understand it. Any questions which have arisen or occurred to me have been answered to my satisfaction.

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Witness:** \_\_\_\_\_



## Patient health questionnaire (PHQ-9)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems? Use ✓ to indicate your answer.

|   | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things  | 0          | 1            |                         |                  |
| 2. Feeling down, depressed, or hopeless   | 0          | 1            |                         |                  |
| 3. Trouble falling or staying asleep, or sleeping too much  | 0          | 1            |                         |                  |
| 4. Feeling tired or having little energy  | 0          | 1            |                         |                  |
| 5. Poor appetite or overeating  | 0          | 1            |                         |                  |
| 6. Feeling bad about yourself or that you are a failure or you have let yourself or your family down                      | 0          | 1            |                         |                  |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television                                  | 0          | 1            |                         |                  |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or more than usual | 0          | 1            |                         |                  |
| 9. Thoughts that you would be better off dead, or of hurting yourself   | 0          | 1            |                         |                  |

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

**Add columns** \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**(Healthcare professional:**  
For interpretation of total please refer to accompanying scoring card).

**Total** \_\_\_\_\_



# Shortness of breath

Oa) Form Date

Ob) Initials

**Instructions:**

This form should be completed during the participant's visit.  
Choose the one best response.

Please choose the one best response to describe  
your shortness of breath.

**Grade**

- 0 ..... "I only get breathless with strenuous exercise"
- 1 ..... "I get short of breath when hurrying on level ground or surfaces  
or walking up a slight hill"
- 2 ..... "I walk slower than people of the same age on the level  
because of breathlessness or have to stop for breath when  
walking at my own pace on level ground or surfaces"
- 3 ..... "I stop for breath after walking about 100 yards or after  
a few minutes on level ground or surfaces"
- 4 ..... "I am too breathless to leave the house" or "I am  
breathless when dressing"

1. Grade .....



# How is your COPD?

## Take the COP Assessment Test™ (CAT)

This test is for people diagnosed with COPD (chronic obstructive pulmonary disease). COPD includes chronic bronchitis and emphysema. This test can help your healthcare provider assess your COPD health status.

| <b>Example:</b> I am very happy                                   | 0 | 1 | 2 | 3 | 4 | 5 | I am sad   | <b>Score</b>         |
|---|---|---|---|---|---|---|--|----------------------|
| I never cough   | 0 | 1 | 2 | 3 | 4 | 5 | I cough all the time   | ▼                    |
| I have no phlegm {mucus} in my chest at all                       | 0 | 1 | 2 | 3 | 4 | 5 | My chest is full of phlegm (mucus)                                 | ▼                    |
| My chest does not feel tight at all                               | 0 | 1 | 2 | 3 | 4 | 5 | My chest feels very tight  | ▼                    |
| When I walk up a hill or one flight of stairs I am not breathless | 0 | 1 | 2 | 3 | 4 | 5 | When I walk up a hill or one flight of stairs I am very breathless | ▼                    |
| I am not limited doing any activities at home                     | 0 | 1 | 2 | 3 | 4 | 5 | I am very limited doing activities at home                         | ▼                    |
| I sleep soundly   | 0 | 1 | 2 | 3 | 4 | 5 | I don't sleep soundly because of my lung condition                 | ▼                    |
| I have lots of energy   | 0 | 1 | 2 | 3 | 4 | 5 | I have no energy at all  | ▼                    |
|   |   |   |   |   |   |   |  | <b>Total score</b> ▶ |